RECEIVED CENTRAL FAX CENTER

FEB 1 3 2006

PTO/SB/17 (01-06)
Approved for use through 7/31/2008. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no person are requir	red to res	ond to a collection:	of information	ark Office; U.S. DEP. Ion unless it displays:	valid OMB	control number.	
		Complete if Known					
FEES TRANSMITTAL FOR FY 2006				10/016,813			
		Filing Dâlê		December 10, 2001			
		First Named Inventor		Basavapatna P. Naganarayana			
		Examiner Name		L. A. Grier			
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit		2644			
TOTAL AMOUNT OF PAYMENT (\$) 225.00		Attorney Docket No.		205235-97759			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 50-3145 Deposit Account Name: Honigman Miller Schwartz and Cohn LLP							
L							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee							
x Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES	ŞEAI	RCH FEES	EXAMI	NATION FEES Small Entity			
Application Type Fee (\$) Fee (\$) F	ce (\$)	Small Entity Fee (\$)	Fee (\$)		Fees	Paid (\$)	
Utility 300 150	500	250	200	100			
Design 200 100	100	50	130	65			
Plant 200 100	300	150	160	80			
Reissuc 300 150	500	250	600	300		-	
Provisional 200 100	0	0	0	0			
2. EXCESS CLAIM FEES						Small Entity	
Fee Description					Fee (\$)	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims Extra Claims Fee (\$)	Fee Pa	sid (\$)	<u>N</u>	lultiple Dependent Claims			
20=x							
HP = highest numer of total claims paid for, if groater than 20.	C-+ D	. T 1 / IDS				_	
Indep. Claims Extra Claims Fee (\$)	Feè Pá	31a (2)					
HP = highest numer of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheels or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00							
SUBMITTED BY							
Signature the Sumultur		Registration No. Allomoy/Agent)	39,698	Telephone	(248) 56	66-8502	
Name (Print/Type) John P. Guenther				Date			

at any
nt e

1033545